



Cultural Competency FY2011 – 2012 Narrative Report

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**Submitted Pursuant to AHCCCS Contract:
Cultural Competency Plan FY2011-2012 Submission Component**

**State of Arizona
Department of Health Services
Division of Behavioral Health Services
Cultural Competency
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Arizona Department of Health Services/ Division of Behavioral Health (ADHS/DBHS)
Cultural Competency Plan Narrative Report FY2011-2012

I. Introduction:

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has achieved several meaningful goals in regards to planning, designing, and implementing diverse initiatives to promote the inclusion of culturally and linguistically appropriate services at all levels of care provided statewide. In the past, ADHS/DBHS has devoted its efforts to the development of a comprehensive Cultural Competency program involving state contractors as well as other stakeholders, community members, service providers, and community based organizations. ADHS/DBHS focused on leading initiatives that have had an important impact on the provision of Behavioral Health services.

Through methods of data collection and community collaboration, ADHS/DBHS has determined that disparities and/or gaps still exist with regard to the inclusion of tradition, cultural beliefs, diverse cultures, and race and ethnicity, as vital elements involved in the quality of care and the effectiveness of services provided. Therefore, ADHS/DBHS has determined it is essential to system change and improvement to continue efforts to develop and implement data driven outcomes and new initiatives/programs to provide a comprehensive range of inclusive, high quality services for all the underserved/underrepresented populations identified within Arizona's geographic regions.

Toward this effort, ADHS/DBHS has developed a comprehensive service structure designed to address the needs of Arizona's richly diverse and multicultural population including: racial and ethnic minorities, persons with disabilities, various age groups, LGBTQ populations and other underserved/underrepresented populations.

Specifically, ADHS/DBHS has created a data driven and outcome based Cultural Competency Plan. The Plan is a comprehensive document that includes the Center for Medicaid Services (CMS) requirements, Arizona Health Care Cost Containment System (AHCCCS) contract requirements, AHCCCS Policy requirements, AHCCCS Corrective Action Plan requirements, Grant requirements, Culturally and Linguistically Appropriate Services (CLAS) and Limited English Proficiency (LEP) standards. The T/RBHAs are contractually required to create and implement a cultural competency plan in their region details how culturally and linguistically appropriate services are delivered as outlined in the ADHS/DBHS Cultural Competency Plan. As a result, the initiatives and requirements impact all providers in all areas of service access and delivery in Arizona.

II. Cultural Competency Plan Components:

The development of the Cultural Competency Plan was based on current initiatives in the field of cultural competency, with a focus on national level priorities, contractual requirements, and initiatives developed by internal and external stakeholders, including providers and experts in cultural competency.

The Cultural Competency Coordinator works collaboratively with: Cultural Competency Steering Committees, Cultural Competency Operations Committees, T/RBHA Cultural Diversity Directors, Stakeholders and the Community in the review and development of cultural competency strategic planning.

The Plan has two major components: 1. The "Work Plan Requirements Guide" outlines the applicable regulations. 2. The "Work Plan Initiatives" outlines the goals and activities that implement the strategies in measurable outcome.

1. Work Plan Requirements Guide-

The Work Plan Requirements Guide outlines applicable regulations to Cultural Competency. The attached document includes CMS Requirements, AHCCCS Contract Requirements, AHCCCS Policy Requirements, AHCCCS Corrective Action Plan Requirements, CLAS Standards and Grant requirements. The intended use for this document is as a reference document. The document will be utilized as a resource for creating new initiatives and modifying existing initiatives while complying with national and state standards.

2. Work Plan Initiatives Guide-

The Work Plan Initiatives document outlines implementation of initiative goals and activities with measurable outcomes. The attached document is comprehensive and includes ADHS/DBHS Cultural Competency standards and initiatives developed and recommended by ADHS/DBHS based on national and state requirements, as well as current initiatives. The work plan is a living document that allows for modifications to projects, activities, and accomplishments as goals are reached, gaps are identified and needs are met with the overall goal of improving culturally competent services to all members accessing and receiving behavioral health services across the state.

III. Data Components

As is to be expected, an ambitious undertaking such as implementing a system-wide cultural competency plan, in a complex service delivery structure such as that of Arizona's, requires an effective oversight and monitoring process. ADHS/DBHS reviews multiple data feeds on a recurring basis, conducts extensive demographic and service utilization reviews, and publishes various reports detailing system performance. These reports, available to the general public, are accessible at <http://www.azdhs.gov/bhs/reports.htm> and include:

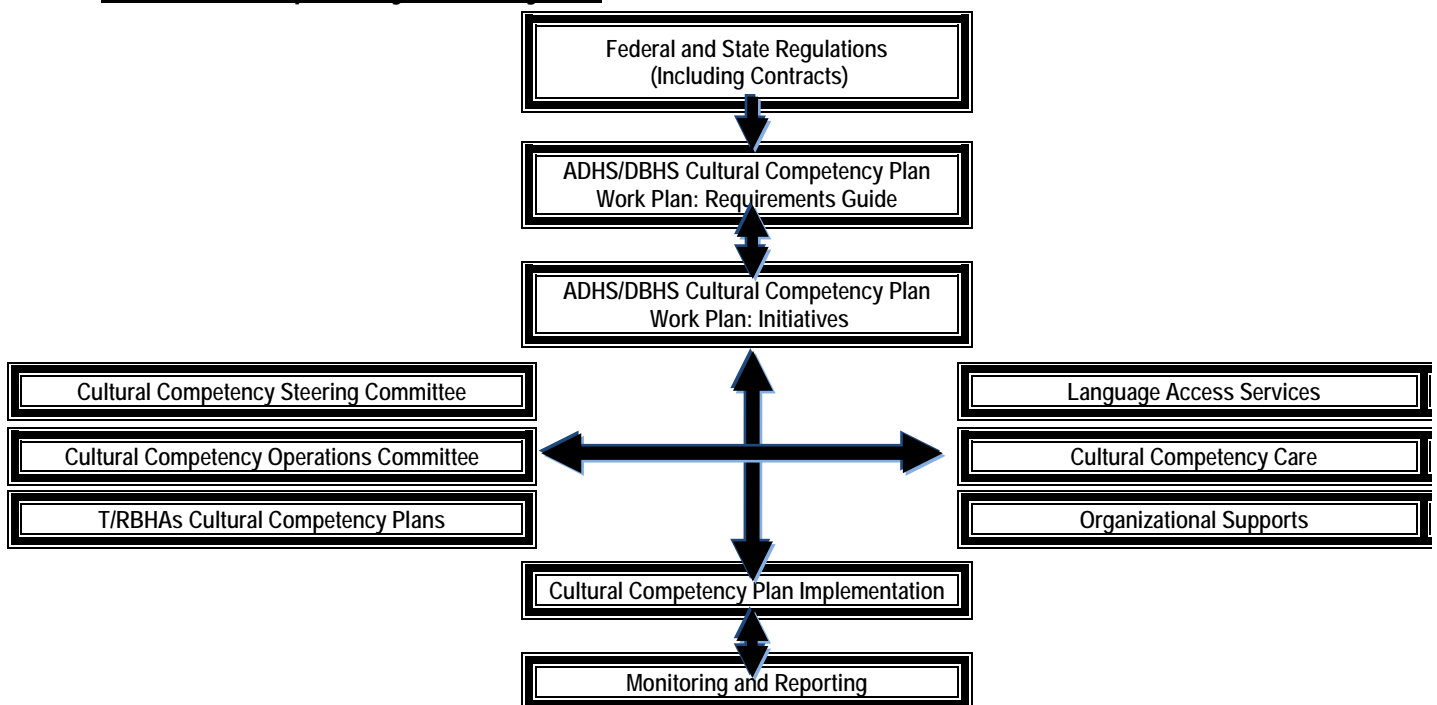
1. **Annual Diversity Report-** a comprehensive analysis of the racial and ethnic populations served by ADHS/DBHS. Information is pulled from the Client Information System (CIS) with a focus on demographic, programmatic, and service utilization. The information allows the ADHS/DBHS and its contractors the ability to explore the diversity of the population receiving services, while providing the opportunity to initiate further discussions on the importance of race, ethnicity, culture, and social influences as vital elements in the provision of services, and how to provide culturally and linguistically effective care for diverse cultural and racial groups.
2. **T/RBHAs Quarterly Diversity Episode of Care/Penetration Report-** the T/RBHAs are provided the report template quarterly which includes data and analysis specific to their region. The T/RBHAs report quarterly to the ADHS/DBHS in the category definitions as defined in the Cultural Competency Work Plan Initiatives section: Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication/Marketing and Outreach, Data Collection and Report Production, and Policies, Procedures and Regulations. Information reported connects data to initiatives and activities occurring within specific regions. Within the categories of race/ethnicity and age groups providing insight into areas that are working both effectively and ineffectively. Focus on these areas allows the T/RBHAs to review and analyze the efforts/initiatives that are impacting diverse communities and assists in monitoring their initiatives/deliverables throughout the year. The quarterly reports feed into the development of the Annual Episode of Care/Penetration Analysis Report.

3. **Annual Episode of Care/Penetration Analysis Report-** provides an annual analysis of T/RBHAs Quarterly Diversity Episode of Care/Penetration Reports. The report provides an overview of the diverse populations that are served. Information is provided in a format that focuses on areas of policy, marketing, outreach, prevention, training, and data outcomes. The report provides a forum where projects, initiatives, marketing, outreach, prevention, and training efforts and/or status updates can be highlighted.
4. **The Semi-Annual Language Services Report-** captures linguistic need: primary language, Deaf and Hard of Hearing, sign language services, interpretive services, translation services, traditional healing services, mental health services and provides comprehensive lists of translator language abilities and unit usage. The report is produced on a semi-annual basis by the T/RBHAs, which provides information that is tracked and trended throughout the year to assist with planning of activities based on need.
5. **The Annual Effectiveness Review of the Cultural Competency Plan Report** - provides insight to the strengths, gaps and needs within cultural competency services. The primary focus is to address areas identified as a gap and/or need in the previous year's plan and assists in developing the upcoming cultural competency plan. The report assists in the monitoring of the T/RBHAs' goals as attainable and accomplished with an understanding of their geographical service area. A focus on data and measurable outcomes is imperative in understanding what drives a system and in providing culturally relevant services to persons accessing the behavioral healthcare system.

IV. Summary:

Culture and society play pivotal roles in mental health, mental illness, and behavioral health services. Understanding the wide-ranging roles of culture and society enables the mental health field to design and deliver services that are more responsive to the needs of underserved/underrepresented populations and all persons accessing and receiving services in the behavioral health system.

V. Cultural Competency Plan Layout:



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Item #	Identified Requirement	Cultural Competency Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
1	Center for Medicaid Services (CMS) Requirements			
1.1	CLAS Standards – improving compliance and enforcement of CLAS Standards.	Education and Training, Communication, Marketing & Outreach, System Health Integration, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Four of the CLAS Standards are currently federally mandated and ADHS/DBHS has currently implemented 7 CLAS Standards with a goal of implementing all 14 CLAS Standards within the upcoming years.
1.2	Cultural Considerations- Participate in State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with Limited English proficiency (LEP) and diverse cultural and ethnic backgrounds.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production , Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. LEP is a CLAS Standard.
1.3	Providers who speak languages other than English.	Data Collection and Report Production	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirement monitored semi-annually through the Language Services Report.
1.4	Printed materials in languages other than English.	Communication, Marketing & Outreach Data Collection and Report Production Policies, Procedures and Regulations	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations to verify that printed materials are available in languages other than English.
1.5	Available interpretation services.	Education and Training Policies, Procedures and Regulations	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. ADHS/DBHS has information provided on the agency website and brochures

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2	Arizona Healthcare Cost Containment System (AHCCCS) Contract Requirements			
2.1 D(6) Pg. 19	All member informational materials shall be reviewed for accuracy and approved by ADHS/DBHS prior to distribution to members. All materials shall be translated when ADHS is aware that a language is spoken by 3,000 individuals or ten percent (10%) (whichever is less) of members in a geographic area who also have Limited English Proficiency (LEP). All vital material shall be translated when ADHS/DBHS is aware that a language is spoken by 1,000 or five percent (5%) (whichever is less) of members in a geographic area who also have LEP. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent, and all grievance, appeal and request for state fair hearing information included in the Grievance System Standards and Policy. When there are program changes, notification will be provided to the affected Title XIX and Title XXI members at least 30 days before implementation.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. The T/RBHA contracts/IGAs note that contractors shall translate materials. 2. Log/inventory for approval of informational materials. 3. Log/inventory of materials that have been translated into other languages. 4. Collect and analyze data pertaining to languages spoken by members on a semi-annual basis in the Language Services Report.
2.2 D(6)	ADHS/DHBS shall ensure that interpreters of any language are available free of charge for members to ensure appropriate delivery of covered services. ADHS/DBHS shall ensure members are provided with information instructing them how to access these services.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, policies and procedures manual, and member handbook. 2. Consumer satisfaction survey contains questions related to interpretation services for analysis and reporting. 3. ADHS/DBHS has information provided on the agency website, brochures, and signage.
2.3 D(6)	ADHS /DBHS and subcontractors shall make every effort to ensure that all information prepared for distribution to members is written using an easily understood language and format and as further described in the ACOM Member Information Policy, as applicable. Regardless of the format chosen by ADHS/DBHS and subcontractors, the member information must be printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiency. ADHS/DBHS and its subcontractors must notify its members that alternative formats are available and how to access them.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work and the Member Handbooks. 2. T/RBHAs must submit a semi-annual report indicating the number of staff and providers who have the capacity to serve individuals with developmental disabilities and who speak a language other than English. 3. The DBHS Adult & Child Annual Network Inventory provides RBHA data on the number of professionals that provide behavioral health services to Adult & Children. In addition, the DBHS Annual Network Plan address network sufficiency for identified specialty populations.

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2.4 D(6) Pg 19	Provider Network: ADHS/DBHS shall ensure that within 10 days of their first service members are provided with a description of the provider network. ADHS/DBHS shall ensure that the following information is provided to all behavioral health recipients: 1. Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the behavioral health recipient's service area, including identification of providers that are not accepting new referrals.	Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, member handbook, provider manual, and policies and procedures manual. Component of the Annual Network Report. Requirement is monitored in the semi-annually Language Services Report.
2.5 D(6) (q) Pg 21	Member's right to be treated fairly and with respect regardless of race, religion, sex, age, sexual preference, or ability to pay.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Standard Terms and Conditions, member handbook, provider manual, and policies and procedures manual. Requirement monitored through the grievance and appeals processes.
2.6 D(6) (u) Pg 21	Instructions for obtaining culturally competent materials, including translated member materials. Members have the right to know of providers who speak languages other than English.	Education and Training, Communication, Marketing & Outreach, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations to verify that culturally competent materials are available in languages other than English.
2.7 D(6) (y) Pg 21	The availability of interpretation services for oral interpretation at no cost to the member and how to obtain these services.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Consumer satisfaction surveys contain questions related to interpretation services at no cost to the member and in a timely manner, information utilized for analysis and reporting.
2.8 D(6) (bb) Pg 21	The availability of printed materials in alternative format and how to access them. ADHS/DBHS should review materials to ensure: C. the information is culturally sensitive	Education and Training, Communication, Marketing & Outreach, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations to that printed materials are available in alternative formats and easily accessible.

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2.9 D(6) Pg 21	It is important to note that in all instances where ADHS/DBHS is required by this contract to educate behavioral health recipients, brochures developed by outside entities must be supplemented with information materials developed by ADHS/DBHS which are customized for the Medicaid population. ADHS/DBHS shall make every effort to ensure that all information prepared for distribution to members is written using an easily understood language and format and as further described in the ACOM Member Information Policy, as applicable. Regardless of the format chosen by ADHS/DBHS, the member information must be printed in a type, style and size, which can easily be read by members with varying degrees of visual impairment. ADHS/DBHS must notify its members that alternative formats are available and how to access them.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. ADHS/DBHS has information provided on the agency website, brochures, and signage. DBHS has a compliance process for reviewing and approving information materials.
2.10 D(6) Pg 21	At least annually, ADHS/DBHS shall ensure all members are notified of their rights to request and obtain the following information. Name, locations, telephone numbers of, and non-English language spoken by current contracted providers in the member's service area, including identification of providers that are not accepting new referrals. ADHS/DBHS shall ensure that each member is free to exercise their rights and that the exercise of those rights do not adversely affect the way ADHS/DBHS subcontractors treat the member.	Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual.
2.11 D(16) Pg 31	Cultural Competency Plan Contact, sufficient to implement and oversee compliance with both the ADHS/DBHS Cultural Competency Plan and the ACOM Cultural Competency Policy and to oversee compliance with all AHCCCS requirements pertaining to limited English proficiency (LEP).	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS	<ol style="list-style-type: none"> ADHS/DBHS has identified Diana Kramer as the Cultural Competency Coordinator. Requirement monitored through the Cultural Competency Plan developed collaborative with all areas of DBHS.
2.12 D(15) Pg30	Cultural Competency Plan: In accordance with the AHCCCS Cultural Competency Policy, ADHS/DBHS must submit a Cultural Competency Plan that includes an annual assessment of the effectiveness of the previous year's plan and any modifications to the plan to the Division of Health Care Management, Behavioral Health Unit, by no later than 45 days after the start of each contract year for review and approval	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations .	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> DBHS Plan includes CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP, CLAS Standards and Grant requirements. DBHS has developed initiatives based on these requirements. T/RBHAs will develop cultural competency plans with initiatives based on the requirements set forth in the DBHS cultural competency plan.

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2.13 D(17) (kk) (10) Pg 33	<p>Provider network policies :Ensuring that information is collected on the cultural needs of communities and that the provider network adequately addresses identified cultural needs.</p> <p>Provider network policies: Monitoring the adequacy, accessibility and availability of the provider network to meet the needs of the members including the provision of care to members, with limited proficiency in English.</p>	Data Collection and Report Production.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work. Monitored through the Diversity Episode of Care/Penetration Quarterly Report. Monitored through the Annual Network Plan that assesses network sufficiency for providing service to members with limited proficiency in English.
2.14 D(18) Pg 34	<p>ADHS/DBHS shall establish a process to identify essential minimum network requirements for each GSA regarding the number of providers, by provider type and specialty providers. In assessing the sufficiency of the provider network, ADHS/DBHS must utilize multiple data sources including, but not limited to, appointment standard data, problem resolutions, reported member concerns, grievance and appeal data, Title XIX and Title XXI eligible data, penetration rates, member satisfaction surveys, demographic data, national data sources and information on the cultural needs of communities.</p> <p>ADHS/DBHS shall develop and implement policies, procedures, and standards to monitor the adequacy and availability of it provider network to meet the needs of Title XIX and Title XXI members including the provision of care to members with limited proficiency in English.</p>	Data Collection and Report Production, System Health Integration, Policies, Procedures and Regulations.	ADHS: DBHS	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work. Monitored through the Network plan. Monitored through the Quality Management plans.
2.15 D(22) Pg 41	Cultural competency-Members'/families' cultural preferences are assessed and included in the development of treatment plans.	Education and Training, System Health Integration, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work and member handbook. Customer satisfaction surveys: use findings of the customer satisfaction survey to monitor and redirect T/RBHAs efforts.
2.16 D(40) Pg 57	Information to behavioral health recipients must meet cultural competency and limited English proficiency requirements.	Education and Training, Communication, Marketing & Outreach, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work. Requirements monitored through performance data validations to verify that behavioral health recipients meet cultural competency and limited English proficiency requirements.

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2.17 D(50) Pg 62	ADHS/DBHS shall have a Cultural Competency Plan that meets the requirements of the AHCCCS Cultural Competency Policy. An annual assessment of the effectiveness of the plan, and any modifications to the plan, must be submitted to the Division of Health Care Management, Behavioral Health Unit, no later than 45 days after the start of each contract year. This plan should address all provider types and types of staff delivering behavioral health services.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS	<ol style="list-style-type: none"> 1. Plan includes CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. 2. ADHS/DBHS has developed initiatives based on these requirements. 3. Requirement is monitored through the Cultural Competency Plan and Annual Effectiveness Review of the Cultural Competency Plan Report.
2.18 D(50) Pg 62	ADHS/DBHS shall ensure compliance with the cultural competency plan and all requirements pertaining to Limited English Proficiency.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS	<ol style="list-style-type: none"> 1. DBHS Plan includes CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. DBHS has developed initiatives based on these requirements. 2. T/RBHAs will develop plans with initiatives based on the requirements set forth in the DBHS plan. 3. Data collected in the Language Services Report for analysis.
2.19 D(56) (i) Pg 65	Cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English or who use sign language.	Education and Training, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work and member handbook. 2. Requirements monitored through performance data validations to verify access to interpretation services.
2.20 D(40) Pg 57	The written information provided to behavioral health recipients describing the Grievance System including the grievance process, enrollee rights, grievance system requirements and timeframes, shall be in each prevalent non-English language occurring within the subcontractor's service area and in an easily understood language and format. ADHS/DBHS shall inform behavioral health recipients that oral interpretation services are available in any language, that additional information is available in prevalent non-English languages upon request and how behavioral health recipients may obtain this information. Information to behavioral health recipients must meet cultural competency and limited English proficiency requirements.	System Health Integration, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, member handbook, and on the web. 2. Maintain an inventory of documents translated into other languages. 3. A representative from the Office of Consumer Rights to attend the Cultural Competency Steering Committee Meetings to provide guidance. 4. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.

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2.21 Attach- ment F1 Pg 88	Written documents, including but not limited to the Notice of Action, the Notice of Appeal Resolution, Notice of Extension for Resolution, and Notice of Extension of Notice of Action shall be promptly translated in the behavioral health recipient's prevalent non-English language if information is received by the Contractor, orally or in writing, indicating that the enrollee has a limited English proficiency in the prevalent non-English language. Otherwise, these documents shall be translated in the prevalent non-English language(s) or shall contain information in the prevalent non-English language(s) advising the enrollee that the information is available in the prevalent non-English language(s) and in alternative formats along with an explanation of how enrollees may obtain this information. This information must be in large, bold print appearing in a prominent location on the first page of the document.	Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, member handbook, and on the web. 2. Maintain an inventory of documents translated into other languages. 3. A representative from the Office of Consumer Rights to attend the Cultural Competency Steering Committee Meetings to provide guidance. 4. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.
2.22 D(15) Pg 30	Upon request, ADHS/DBHS shall ensure outreach and dissemination of information to the general public, other human service providers, county and state governments, school administrators and teachers and other interested parties regarding behavioral health services available to Title XIX and Title XXI members.	Communication, Marketing & Outreach.	ADHS: DBHS	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work. 2. DBHS will continue to develop an annual report intended to provide information on diverse populations receiving services in the Arizona behavioral health system and to highlight the importance of cultural and social influences in providing effective care and services. 3. Information is also available on the ADHS/DBHS website.
2.23 D(6) Pg19	Information must be printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiency. ADHS/DBHS and its subcontractors must notify its members that alternative formats are available and how to access them.	Education and Training, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirements monitored through performance data validations to verify that information is printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiencies.
2.24 D(56) (i) Pg 66	ADHS/DBHS shall comply with all applicable Federal and State laws and regulations, including Title VI of the Civil Rights Act of 1964, Executive Order 13166, Title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975, the Americans with Disabilities Act, EEO provisions, Copeland Anti-Kickback Act; Davis-Bacon Act, Contract Work Hours and Safety Standards, Rights to Inventions Made Under a Contract or Agreement, Clean Air Act and Federal Water Pollution Control Act, Byrd Anti-Lobbying Amendment, and the Rehabilitation Act of 1973. Providers must also be informed of how to access interpretation services to assist members who speak a language other than English or who use sign language.	Education and Training, Data and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirements monitored through performance data validations to verify access to interpretation services to assist members who speak a language other than English or who use sign language.

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2.25 D(11) Pg67	ADHS/DBHS shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, sex, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. ADHS/DBHS shall take positive action to ensure that applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, gender, national origin or disability.	Education and Training, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS	<ol style="list-style-type: none"> Requirement is in the contract Scope of Work. Monitored through the Network Plan. Monitored through the System of Care Plans. Monitored through the Quality Management plans.
2.26 D(12) Pg 67	People with disabilities may request special accommodations such as interpreters, alternative formats or assistance with physical accessibility. Requests for special accommodations must be made with at least three days prior notice by contacting AHCCCS Administration.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work and provider manual. A representative from the Office of Consumer Rights to attend the Cultural Competency Steering Committee Meetings to provide guidance. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.
2.27 End of Attach- ment F1	The Subcontractor shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, gender, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. The Subcontractor shall take positive action to ensure that applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, gender, national origin or disability.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work and provider manual. Monitored through the Network Plan. Monitored through the System of Care Plans. Monitored through the Quality Management plans. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.
3	AHCCCS ACOM Requirements			
3.1 E(1) 101-7	<p>All Contractors will be required to report their marketing costs on a quarterly basis as a separate line item in the quarterly financial statements.</p> <p>This requirement also applies to any marketing costs included in an allocation from a parent or other related corporation.</p>	Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> The Office of Finance tracks and monitors this requirement.

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Item #	Identified Requirement	Cultural Competency Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
3.2 III(A) (1) 404-1	The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations to verify access to interpretation services to assist members who speak a language other than English or who use sign language or printed materials are available in alternative formats and easily accessible. Requirement is monitored semi-annually through the Language Services Report. Annual Network Development & Management Plan.
3.3 III(B) (2) 404-2	The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. AHCCCS suggests that the Contractor review the materials to ensure that: 1) the services are covered under the AHCCCS program; 2) the information is accurate; and 3) the information is culturally sensitive.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and Policies and Procedures manual. Monitored through the System of Care plans. Monitored through the Quality Management plans. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.
3.4 III(B) (2) 404-2	All materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor members who also have limited English proficiency (LEP) in that language.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirement is monitored through the desktop protocols and member information dissemination. Requirements monitored through performance data validations to verify that behavioral health recipients meet cultural competency and limited English proficiency requirements.
3.5 III(B) (2) 404-2	All vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP in that language. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, description of detailed informed consent, and all grievances and requests for hearing information included in the Enrollee Grievance System Policy as described in the "Enrollee Grievance System Standards and Policy" in the Contract/IGA.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirement is monitored through the desktop protocols and member information dissemination. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.

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3.6 III(B) (2) 404-3	All written notices informing members of their right to interpretation and translation services in a language shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.	Data Collection and Report Production, Policies, Procedures and Regulations	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.
3.7 III(B) (2) 404-3	The Contractors are not required to submit to AHCCCS Administration the member material translated into a language other than English, however, it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirements monitored through performance data validations to verify that behavioral health recipients meet cultural competency and limited English proficiency requirements.
3.8 III(B) (2) 404-3	The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The reading level and methodology used to measure it should be included with the submission.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirements monitored through performance data validations to verify access to interpretation services to assist members who speak a language other than English or who use sign language or printed materials are available in alternative formats and easily accessible. .
3.9 III(B) (2) 404-3	The materials shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.	Education and Training, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirements monitored through performance data validations to verify access to interpretation services to assist members who speak a language other than English or who use sign language or printed materials are available in alternative formats and easily accessible.

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3.10 III(B) (5) (w) 404-7	The right to be treated fairly regardless of race, religion, gender, age or ability to pay.	Education and Training, System Health Integration, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, policies and procedures manual, and member handbooks. A representative from the Office of Consumer Rights to attend the Cultural Competency Steering Committee Meetings to provide guidance. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.
3.11 III(B) (5) (x) 404-7	Instructions for obtaining culturally competent materials and/or services, including translated member material.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations.
3.12 III(B) (5) (y) 404-7	The availability of printed materials in alternative formats and how to access such materials.	Education and Training, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirements monitored through performance data validations to verify access to interpretation services to assist members who speak a language other than English or who use sign language or printed materials are available in alternative formats and easily accessible
3.13 III(B) (5) (bb) 404-7	The right to know about providers who speak languages other than English.	Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. Requirement is monitored semi-annually through the Language Services Report.
3.14 III(B) (6) (h) 404-9	The Contractor must include the following member related information on its website: Languages spoken by Practitioner.	Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual.

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3.15 III(A) 404-2	Each Contractor must have a comprehensive cultural competency program, which is described in a written plan. The Cultural Competency Plan (CCP) must describe how care and services will be delivered in a culturally competent manner.	Data Collection and Report Production Policies, Procedures and Regulations	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. DBHS Plan revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. DBHS has developed initiatives based on these requirements. 2. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 3. Identify and include in the Cultural Competency plans best practices for cultural competency in behavioral health services. 4. Requirement is monitored through the Cultural Competency Plan
3.16 III(A) 404-2	The Contractor must identify a staff member responsible for the CCP. If there is a change in the staff member responsible for the CCP, the Contractor must notify the Division of Health Care Management (DHCM).	This requirement is monitored through the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. ADHS/DBHS has identified Diana Kramer as the Cultural Competency Coordinator.
3.17 III(A) (1) (a) 404-2	The training program consists of the methods the Contractor will use to train its staff so that services are provided effectively to members of all cultures. Training must be customized to fit the needs of staff based on the nature of the contacts they have with providers and/or members.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the provider manual and policies and procedures manual. 2. Monitored through the Diversity Episode of Care/Penetration Quarterly Report. 3. T/RBHAs will identify the needs of the diverse providers and adjust trainings accordingly.
3.18 III(A) (1) (b) 404-2	The education program consists of methods the Contractor will use for providers and other subcontractors with direct member contact. The education program will be designed to make providers and subcontractors aware of the importance of providing services in a culturally competent manner. The contractor must also make additional efforts to train or assist providers and subcontractors in receiving training in how to provide culturally competent services.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the provider manual and policies and procedures manual. 2. Monitored through the Diversity Episode of Care/Penetration Quarterly Report. 3. ADHS/DBHS will collect data that demonstrates that contractors and sub-contractors are trained accordingly. 4. T/RBHAs will identify the needs of the diverse providers and adjust educational programs accordingly.

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3.19 III(A) (2) 404-2	The Contractor describes the method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its members. Culturally competent care requires that the Contractor evaluate its network, outreach services and other programs to improve accessibility and quality of care for its members. It must also describe the provision and coordination needed for linguistic and disability-related services. The availability and accessibility of translation services should not be predicated upon the non-availability of a friend or family member who is bilingual. Members may elect to use a friend or relative for this purpose, but they should not be encouraged to substitute a friend or relative for a translation service. A Contractor, at the point of contact, must make members aware that translation services are available. The services that are offered must be provided by someone who is proficient and skilled in translating language(s).	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations .	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the provider manual and policies and procedures manual. 2. T/RBHAs will identify the needs of the diverse providers and adjust educational programs accordingly 3. DBHS will continue to develop an annual report intended to provide information on diverse populations receiving services in the Arizona public behavioral health system and to highlight the importance of culture and social influences in providing effective care. 4. Monitored through the Network plan. 5. Monitored through the Quality Management plans. 6. Monitored through the System of Care plans.
3.20 III(B) 404-3	The Contractor must evaluate the Cultural Competency Plan for effectiveness. Evaluations are to be made on an annual basis and a copy of the evaluation sent to DHCM. The evaluation may, for example, focus on comparative member satisfaction surveys, outcomes for certain cultural groups, member complaints, grievances, provider feedback and/or Contractor employee surveys. If issues are identified, they should be tracked and trended, and actions should be taken to resolve the issue(s).	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirement is in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. Requirement is monitored through the Cultural Competency Plan. 3. Requirement is monitored through the Office of Consumer Rights and Grievance System reports. 4. Monitored through Cultural Competency Steering Committee. 5. Monitored through Cultural Competency Operations Committee.
4	AHCCCS Corrective Action Plan (CAP) Requirements			
	THERE ARE PRESENTLY NO CAPs			

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5	Culturally and Linguistically Appropriate Services (CLAS) National Standards			
5.1 CLAS Standard 1	Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach , Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Culturally Competency Care 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS Plans are revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. ADHS/DBHS has developed initiatives based on these requirements.
5.2 CLAS Standard 2	Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Culturally Competency Care. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS Plans are revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. ADHS/DBHS has developed initiatives based on these requirements.
5.3 CLAS Standard 3	Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Culturally Competency Care. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS Plans are revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. ADHS/DBHS has developed initiatives based on these requirements.
5.4 CLAS Standard 4	Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation	Education and Training, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Mandates: Language Access Services. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
5.5 CLAS Standard 5	Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.	Education and Training, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Mandates: Language Access Services. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.

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5.6 CLAS Standard 6	Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).	Education and Training, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Mandates: Language Access Services. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
5.7 CLAS Standard 7	Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.	Education and Training, System Health Integration, Communication, Marketing & Outreach, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Mandates: Language Access Services. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
5.8 CLAS Standard 8	Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS Plans are revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. ADHS/DBHS has developed initiatives based on these requirements.
5.9 CLAS Standard 9	Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.	Collaborative Partnerships with Community Based Organizations, System Health Integration, Data and Report Production.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports: 1. T/RBHA Cultural Competency plans to include mechanisms for assessments and performance data validation processes to ensure CLAS/LEP. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards, needs assessments and data analysis.
5.10 CLAS Standard 10	Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.	System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports. 1. T/RBHAs are responsible for the analysis and reporting of special populations to ensure CLAS/LEP needs are met. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards, needs assessments and data analysis.

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5.11 CLAS Standard 11	Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community, as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.	System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations .	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports. 1. Cultural Competency plans to include mechanisms for assessments and performance data validation processes to ensure CLAS/LEP. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards, needs assessments and data analysis.
5.12 CLAS Standard 12	Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.	Collaborative Partnerships with Community Based Organizations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports. 1. T/RBHA Cultural Competency plans to include mechanisms for assessments and performance data validation processes to ensure CLAS/LEP. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards, needs assessments and data analysis.
5.13 CLAS Standard 13	Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	CLAS Guidelines: Organizational Supports. 1. Requirements in the T/RBHA contracts/IGAs Scope of Work, provider manual, and policies and procedures manual. 2. ADHS/DBHS Plans are revised to include CMS, AHCCCS, AHCCCS ACOM, and AHCCCS CAP requirements. ADHS/DBHS has developed initiatives based on these requirements.
5.14 CLAS Standard 14	Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.	Education and Training, Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	CLAS Recommendation: Organizational Supports. 1. T/RBHAs trainings, websites and public requests contain recommended information. 2. DBHS trainings, websites and public requests contain recommended information.

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6	GRANT REQUIREMENTS			
6.1	Children with serious emotional disturbances (SED) and their families.	Education and Training, System Health Integration, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.2	Adults with serious mental illness (SMI).	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within Adult System of Care plan. 2. Requirements within the Cultural Competency plan. 3. Requirements within Quality Management plans.
6.3	Persons who are intravenous drug users (IDU).	Education and Training, System Health Integration, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.4	Adolescents with substance abuse and/or a mental health problems.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within the Children's System of Care plan. 2. Requirements within the Cultural Competency plan. 3. Requirements within Quality Management plans.
6.5	Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression.	Education and Training, System Health Integration, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within the Children's System of Care plan. 2. Requirements within the Cultural Competency plan. 3. Requirements within Quality Management plans
6.6	Women who are pregnant and have a substance use and/or mental disorder.	Education and Training, System Health Integration, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.

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6.7	Parents with substance use and/or mental disorders who have dependent children.	Education and Training, System Health Integration.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.8	Military personnel (active, guard, reserve, and veteran) and their families.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.9	American Indians/Alaska Natives.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans. 4. Requirements with Tribal Consultation Policy.
6.10	Individuals with tuberculosis and other communicable diseases.	Education and Training, System Health Integration, Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans.
6.11	Persons with or at risk for HIV/AIDS who are in need of mental health or substance abuse early intervention, treatment or prevention services.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans.
6.12	Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.

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Item #	Identified Requirement	Cultural Competency Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
6.13	Individuals with mental and/or substance use disorders who live in rural areas.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.14	Underserved racial and ethnic minority and LGBTQ populations.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans.
6.15	Persons with disabilities.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing & Outreach, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans. 3. Requirements within Quality Management plans.
6.16	Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy guidelines and enforcement.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans.
6.17	Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies.	Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Data Collection and Report Production, Policies, Procedures and Regulations.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> 1. Requirements within the Cultural Competency plan. 2. Requirements within System of Care plans.

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps (Letters reference measures column)	Completion Date	Measures (Attachments / Documentation)	Status Updates (Comments/Identified barriers)
7	INITIATIVES					
7A	Education and Training					
7A.1	<p>Develop, maintain and monitor trainings for cultural competence, CLAS standards, LEP and special populations inclusion to ensure cultural relevance and increase cultural awareness, such as:</p> <ul style="list-style-type: none"> • Blind and Visually Impaired • Deaf and Hard of Hearing • Ethnicity • Gender • LGBTQ (Lesbian, Gay, Bisexual, Transgender and/or Questioning) • Military • Race • Sensory, Cognitive, Intellectual and/or physical disabilities • Various Age Groups 	<p>ADHS/DBHS :</p> <ul style="list-style-type: none"> -Compliance Cultural Comp. GMIS Prevention Training T/RBHAs 	<ol style="list-style-type: none"> 1. Identify/Provide workshops/training modules specific to special populations: Age, Gender, Sexual Orientation, Race/Ethnicity, Disability, Medical Conditions etc. (A, B, C, D, E,H) 2. Require and provide cultural competency trainings for new employees and existing staff. (A, B, C, D, E,H) 3. Mandatory Trainings: update policies, request curriculum submissions and monitor for compliance to ensure cultural need is met. (A, B, C, D, E,H) 4. Form a workgroup to develop processes for assessment, revision and monitoring of trainings for cultural need. (A, B, C, D, E,F,H) 5. Form a workgroup to assess, develop, and implement new DUG mandatory trainings. (F,G,H,I) 6. Create a workgroup to develop a new/revised Mandatory Cultural Competency Training Curriculum for new employees and staff. Conduct Training of the Trainer (TOT) of revised training. (F,G,H, I) 	<ol style="list-style-type: none"> 1. Ongoing. 2. Ongoing. 3. November, 2011 and ongoing. 4. May, 2012. 5. December, 2012 TOT. February, 2012, implementation. 6. May, 2012. 	<ol style="list-style-type: none"> A. Maintain a log/list of trainings required and non-required trainings offered (include brownbags and professional development). B. Attendance of participants. (Submitted upon request.) C. T/RBHA training curriculums to be submitted annually. D. Training Quarterly Reports. E. Revised as necessary and updated as required. F. Curriculums. G. Maintain a list of monitoring tools used. H. Activities reported quarterly to the Cultural Competency Steering Committee (CCSC). I. Training of the Trainer (TOT). 	

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7A.2	Provide education, awareness, training and support to behavioral health and behavioral health professionals to meet the needs of culturally diverse populations.	ADHS/DBHS: -Compliance -Cultural Comp. -Prevention -Training T/RBHAs	<ol style="list-style-type: none"> 1. A workgroup formed to assess DBHS cultural competency need, develop trainings, establish Continuing Education Units (CEU's) and explore licensure requirements.(A) 2. Develop and provide professional development, brownbags and/or educational forums quarterly on cultural competency topics. (A,B,C) 3. Establish and provide a cultural competency retreat for DBHS executive staff. (A, B,D) 4. As opportunities are available, participation in conferences, seminars, forums, committees related to cultural competency topics and reducing health disparities. As appropriate, present information in the form of brownbags.(A,C, E, F) 	<ol style="list-style-type: none"> 1. May, 2012. 2. Ongoing. 3. May, 2012. 4. Ongoing. 	<ol style="list-style-type: none"> A. Summary reports quarterly to the CCSC. B. Utilize the ADHS/DBHS Training Database to capture training information and identify need. C. Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) D. Executive Retreat Evaluations will be used to enhance trainings as necessary. E. Participation in planning, presenting and volunteering at various cultural events. F. List of supported, attended, and/or sponsored events. (Submitted upon request) 	
7A.3	Improve capacity to work effectively with Tribal nations.	ADHS: -Native American Liaison DBHS: -Compliance Tribal Admin. -Cultural Comp. -Training T/RBHA -Tribal Liaisons	<ol style="list-style-type: none"> 1. Plan and conduct Statewide Arizona American Indian Behavioral Health Forum WINTER 2011/2012. (A) 2. Provide professional development workshops on cultural competency topics related to American Indians and tribal cultures. (B,C,E) 3. American Indian Trainings: (B,C,E) <ul style="list-style-type: none"> • Involuntary Commitment • How to Work with Tribes • American Indian Values and Behavioral Health Services 4. Form a workgroup to assess, develop and implement additional trainings/workshops needs specific to American Indians.(D,E) 	<ol style="list-style-type: none"> 1. February, 2012. 2. Ongoing. 3. Ongoing. 4. Ongoing. 	<ol style="list-style-type: none"> A. Forum plans: utilization of Forum Report 2010. Initiate Planning and 2nd American Behavioral Health Forum. B. Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) C. Participate in development and approval of training curriculums specific to tribal needs. D. Workgroups summary analysis. E. Summary reports quarterly to the CCSC. 	

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7A.4	Ensure training techniques are culturally and linguistically effective.	ADHS/DBHS: -Compliance Tribal Admin. -Cultural Comp. -Prevention -Training T/RBHAS	<ol style="list-style-type: none"> When appropriate offer various modalities in trainings formats, topics related to special populations; improving health disparities, culturally competent care, language access services and organizational climate. (A, B, C) Developing alternative training formats: self-study modules, videotaping, e-learning, web-based and in-person workshops that meet the needs of diverse populations. (A,B,D) 	<ol style="list-style-type: none"> Ongoing. Ongoing. 	<ol style="list-style-type: none"> Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) Quarterly Training Reports. Summary updates to CCSC. 	
7B	Collaborative Partnerships with Community Based Organizations					
7B.1	The DBHS/Office of Individual and Family Affairs (OIFA) will ensure participation, inclusion and outreach to culturally diverse populations.	ADHS/DBHS: -OIFA	<ol style="list-style-type: none"> Operationalize the OIFA Advisory Council to guide statewide community needs with a goal of increasing Peer and Family representation within various committees. (A) Utilize Recovery Works to communicate, identify and advocate for culturally diverse populations around the state. (A,B,C,F) Facilitate a workgroup to develop and identify statewide cultural needs of family members and peers.(D,E,F) Implement an ADHS/DBHS Intern Leadership Academy to outreach to diverse populations in recruitment, development, training, networking and mentoring of SMI/Family member interns. (D,E,F) 	<ol style="list-style-type: none"> Ongoing. Ongoing. May, 2012. Ongoing. 	<ol style="list-style-type: none"> Quarterly report indicating initiatives, programs, and general community involvement led by the OIFA. Recovery Works. Arizona Stigma Reduction Committee Agenda and Sign-in sheets. (Submitted upon request.) Assessment Report. Develop reports as applicable. Summary updates to CCSC. 	

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7B.2	Reduce behavioral health disparities.	ADHS/DBHS: -Compliance Tribal Admin. -Cultural Comp. -GMIS -Prevention -Systems of Care -Training T/RBHAs	<ol style="list-style-type: none"> 1. Identity health disparities within substance abuse populations: analysis of National Outcome Measures (NOMs) data. Additional analysis to identify cultural influences in areas of: race/ethnicity, age groups, gender (sex), pregnant women, women with dependent children, employment, education, and criminal activity. (A, B,C) 2. Arizona/Sonora Border Initiative: Conduct a needs and resource assessment and gaps analysis related to substance abuse along the border. Provide technical assistance to border coalitions.(C,J,K, M,S) 3. Older adult initiative: update the practice protocol for Older Adults and trainings specific to the population.(D,E, J,K,S) 4. Military families' initiative: Participate in the Coalition for Military Families. Provide access to At-Risk trainings for military families. (J,K M,S) 5. Juvenile justice initiative: Explore access to services specific to the juvenile justice system. (F,J,K,M,S) 6. Child Protective Services (CPS) involved families: Monitor access to services, provision of services, coordination of care and outcomes. (G,H,I,J,K,L,S) 7. LGBTQ initiative: (J,K,M,N,O,P,Q,S) <ol style="list-style-type: none"> a. Facilitate meetings of the LGBTQ Advisory Committee. b. Implement on-line trainings for behavioral health providers in climate improvement. c. Monitor implementation of leadership development programs for the LGBTQ youth. d. Monitor implementation of parent support and education programs. 	<ol style="list-style-type: none"> 1. December, 2011. 2. May, 2012. 3. Ongoing. 4. Ongoing. 5. Ongoing. 6. Ongoing. 7. Ongoing: LGBTQ Advisory Committee quarterly updates and recommendations to the CCSC. 	<ol style="list-style-type: none"> A. NOMs data. B. Annual Report on Substance Abuse: Treatment and Programs; prepare an analysis report. C. Cultural competency needs assessment of border: resource and gap analysis. D. Participation in the NASHBD committee on older adults. E. Older Adult Treatment Protocol and Trainings. F. Court Dependency Trainings for Juvenile Court Justices. G. Best for Babies. H. Urgent Response Process. I. Unique Needs Trainings Protocol. J. Trainings provided to target populations. K. Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) L. Arizona Children's Executive Committee Training agenda. M. RBHA end of year prevention evaluations report. N. Climate survey outcomes. 	

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			<ul style="list-style-type: none"> e. Monitor implementation of alcohol prevention initiatives targeting LGBTQ college students across Arizona. f. Monitor coalition efforts targeting LGBTQ populations. g. Administer and analyze workplace climate survey specific to cultural needs of this population. <p>8. Physical and sensory disabilities initiatives: Monitor implementation of coalition efforts targeting persons with physical and sensory disabilities. (J,K,R,S)</p>	8. Ongoing.	<ul style="list-style-type: none"> O. LGBTQ Advisory Committee: agenda and minutes. P. On-line LGBTQ trainings series. Q. The Leadership Program. R. linc training series on psychotherapy with youth who have intellectual disabilities. S. Summary updates to CCSC. 	
7B.3	Ensure culturally and linguistically appropriate services for the Deaf and/or Hard of Hearing.	ADHS/DBHS: -Compliance Tribal Admin. -Cultural Comp. T/RBHAs Arizona Commission for the Deaf and Hard of Hearing (ACDHH)	<ul style="list-style-type: none"> 1. Meetings to determine areas of need specific to the Deaf and/or Hard of Hearing related to behavioral health. (A,C) 2. DBHS works collaboratively with the T/RBHAs to carry out initiatives developed from the meetings. (A,B,C) 3. Development of a Deaf and Hard of Hearing Resources Guide (A,C) 	<ul style="list-style-type: none"> 1. Ongoing. 2. Ongoing. 3. May, 2012. 	<ul style="list-style-type: none"> A. . Mental Health Roundtable for the Deaf and Hard of Hearing Committee agenda and meeting minutes. B. Update summaries provided to the CCSC. C. Deaf and Hard of Hearing Services Report. 	
7B.4	Improve Tribal Nation access to T/RBHA behavioral health services.	ADHS: -Native American Liaison DBHS: -Compliance Tribal Admin. -Cultural Comp. -Prevention - Policy T/RBHA: -Tribal Liaisons	<ul style="list-style-type: none"> 1. RBHAs Tribal Liaisons to develop and promote American Indian initiatives, collaborate with tribes in intergovernmental agreement negotiations, and establish formal approvals to ensure the provision of behavioral health services on Indian reservations. (A,B,C,E) 2. Respond to tribal requests for assistance in addressing issues related to behavioral health services.(A,B,C,E) 3. Review AHCCCS Provider Requirements Non-IHS/638 behavioral health Service Providers on Tribal reservation lands for cultural relevance. (B) 	<ul style="list-style-type: none"> 1. Ongoing: semi-annual updates to CCSC. 2. Ongoing. 3. Bi-Monthly and ongoing.. 	<ul style="list-style-type: none"> A. Monthly Tribal Liaison Report. B. Quarterly Reports to Tribal Contract Administration and ADHS Tribal Liaison C. Bi-Monthly coordination meetings discuss issues related to American Indians access to service: meeting summaries. D. State Behavioral Health Planning Council Agenda and minutes. 	

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			4. Collaborate with other federal (VA and IHS), State, tribal, and private agencies to improve access to behavioral health services for American Indian Veterans. (D,E) 5. Develop a formal process for tribal consultation. (C, D,E,F,G) 6. Monitor collaborative efforts targeting urban American Indians.(A, B,C,E,F,G) 7. Monitor collaborative efforts taking place in Tribal Nations. (A,B,C,E,F,G) 8. Develop a prevention program in Havasupai. (A,B,C,E,F,G) 9. Assessments by county on the methods to ensure availability and provision of culturally appropriate behavioral health services for tribal members within the network (by reservation and then off reservation populations). (H) 10. Identify any substance abuse ice/behavioral health services increases or enhancements that are needed by tribal nations. Utilize information as baseline for work efforts, development of programs and establishment of services for Tribal Nations. (H)	4. Ongoing. 5. June, 2012. 6. Ongoing. 7. Ongoing, 8. June, 2012. 9. Ongoing. 10. Ongoing.	E. Quarterly updates provided to the CCSC. F. T/RBHA end of year prevention evaluation report. G. Utilize ADHS Tribal Consultation Policy to identify tribal behavioral health need and processes. H. Reviewing and incorporating of the RBHA FY2012 Annual Network Development and Management Plan Section 9.3 Tribal Development Coordination Activities.	
7B.5	Reduce stigma associated with mental illness.	ADHS/DBHS: -GMIS -OIFA T/RBHAs	1. Conduct a Dialogues Series: trainings, support, advocacy and stigma reduction ensuring to outreach to diverse populations. (A,B,C) 2. DBHS will participate in planning, presenting and volunteering at the annual NAMI Walk. (A,C) 3. Establish process for focus groups to provide needs assessment with OIFA interns. (C)	1. Ongoing: quarterly updates to the CCSC. 2. April, 2012. 3. June, 2012.	A. Stigma Reduction Committee: Dialogue Evaluations, Work plans, and speaker bureaus. B. Dialogues: Monthly, Quarterly and Bi-Monthly. C. Quarterly report: initiatives, programs, and general community involvement led by the OIFA.	

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7C	System Health Integration					
7C.1	Establish health integration services that are culturally and linguistically appropriate for diverse populations.	ADHS/DBHS: -Compliance Tribal Admin. -Cultural Comp. -OIFA -Marketing -Systems of Care - Training T/RBHAs	1. Monitor and identify existing strategies of health initiatives related to health integration and cultural relevance. (A,C) 2. Collaborate with marketing to utilize effective outreach models with diverse populations, as applicable. (A, B,C,D) 3. Peer and Family engagement workgroup to focus on health disparities, Health Home Model and cultural relevance .(A)	1. Ongoing. 2. Ongoing. 3. Ongoing.	A. Quarterly summary updates to the CCSC. B. Marketing outreach plans. C. Trainings provided to target populations. D. Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.)	
7C.2	Increase Trauma Informed Care (TIC) awareness efforts that are culturally competent and that reach diverse populations.	ADHS/DBHS: -Compliance Tribal Admin. -Cultural Comp. -OIFA -Marketing -System of Care Adult T/RBHAs	1. Provide appropriate services to meet the needs of populations with trauma informed care. (A,B,C,D,E,H,I) 2. Conduct trainings related to community experiences with trauma, to include American Indian communities historical trauma.(A,B,C,D,E,H, I) 3. Conduct statewide needs assessment: awareness-increasing knowledge of trauma. T/RBHA initiatives based on assessment findings. (D,E,F, G, H,I)	1. Ongoing. 2. Ongoing. 3. May, 2012.	A. System of Care Plans. B. TIC Work Plan. C. T/RBHA deliverable work plan specific to TIC: Activities. D. Trainings provided to target populations. E. Maintain a log/list of curriculums: trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) F. Needs assessment findings. G. Pre and Post TIC surveys. H. Midweek TIC Communiqué. I. Summary updates to CCSC.	
7C.3	Utilize assessments to identify cultural competency trends and compliance with national standards.	ADHS/DBHS: -Compliance -Cultural Comp. -GMIS T/RBHAs	1. A workgroup will be formed to analyze, identify and implement assessments: organizational, provider, and/or individual. (A,B,D) 2. Analysis of results for strengths, needs, and gaps. (A,B,C,D)	1. May, 2012. 2. May, 2012.	A. Assessment tools: organizational, provider, and/or individual. B. Assessment reports: organizational, provider, and/or individual.	

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			3. Culturally relevant initiatives development based on findings.(B,C,D)	3. Ongoing.	C. Improvement strategies to CCSC and CCOC. D. Summary updates to CCSC.	
7C.4	Continue to conduct the Consumer Satisfaction Surveys and assess for cultural competency.	ADHS/DBHS: -Cultural Comp. -GMIS -QM -UM/MM T/RBHAs	1. Consumer Satisfaction Surveys Adult/Youth: Feedback will be provided for input and analysis of cultural competency areas (Adult Consumer Survey (MHSIP) and Youth Services Survey for Families (YSS-F)). (A,B,C,D) 2. Analysis and monitoring for trends and cultural need. (B,C,D)	1. Ongoing. 2. May, 2012.	A. Consumer Satisfaction Surveys: MHSIP and YSS-F. B. Results of the Consumer/Member Satisfaction Surveys: MHSIP and YSS-F. C. Statewide Annual Report. D. Summary updates to CCSC.	
7C.5	Develop a cultural competency survey to access for CLAS, LEP and cultural considerations at all levels.	ADHS/DBHS: -Compliance Employment Network Tribal Admin. -Cultural Comp. -GMIS -OIFA -Systems of Care -QM T/RBHAs	1. Create a workgroup to: assess the need, outline strategies, develop processes and implementation timeframes for a cultural competency survey. (A,D) 2. Develop data collecting tool.(B,C,D) 3. Develop reporting mechanism. (B,C,D)	1. June, 2012. 2. June, 2012. 3. June, 2012.	A. Summary of meetings. B. Cultural Competency Survey. C. Data analysis and reporting format. D. Quarterly summary updates to CCSC.	
7C.6	Remove barriers to appropriate care through advocacy and Special Assistance. (Specific to persons designated with a Serious Mental Illness (SMI).)	ADHS/DBHS : -Cultural Comp. -Office of Human Rights(OHR) -OIFA T/RBHAs	1. Through general advocacy and the Special Assistance process, identify needs of specialty populations and work collaboratively to advocate and support individuals' access to and receipt of needed services.(A,B,C,E,F)	1. Ongoing.	A. Regular review of Seclusion and Restraint Reports (by OHR). B. Regular review of Incident/Accident Reports (by OHR). C. Special Assistance trainings for staff (includes discussion of special needs). D. Educational Workshops for persons with	

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			2. Provide educational workshops to individuals and/or trainings to staff, which include individual and systemic information about culturally and linguistically appropriate services. (C,D,E,F)	2. Ongoing.	a SMI and other stakeholders. E. Maintain a log/list of curriculums, trainings, brownbags, professional development and attendance of participants. (Submitted upon request.) F. OHR Monthly Report. G. Summary updates to CCSC.	
7C.7	Improve coordination of Network and Cultural Competency plans and reporting requirements.	ADHS/DBHS : -Cultural Comp. -Compliance Network	1. Develop a network analysis and plan to establish network sufficiency within geographical service areas (GSAs) to target all covered services and ensure CLAS, LEP. (A,B,C,D) 2. Collaborate with Cultural Competency to streamline reporting processes related to special populations and strategic planning. (B,C,D)	1. June, 2012. 2. June, 2012.	A. Annual Network Plan. B. Annual Network report. C. Listing of specialty services compiled by ADHS/DBHS in coordination with the T/RBHAs. D. Summary updates to CCSC.	
7C.8	Continue Quality Management (QM) processes to assess for provisions of cultural relevance and consumer satisfaction.	ADHS/DBHS: -GMIS -QM UM/MM T/RBHAs	1. Monitoring of member complaints/grievances related to cultural needs: process, trends, and resolution updates. (A,B,C,D,F) 2. Monitor that service plans reflect the behavioral health recipient's cultural preferences (values, traditions, beliefs, race/ethnicity, language, etc.) (E,F)	1. Ongoing. 2. June, 2012.	A. Quality Management Plan. B. UM/MM Plan. C. Grievance System Report. D. Quarterly Culturally Relevant Complaints Report. E. Performance data validations F. Summary updates to CCSC.	
7C.9	Develop culturally competent Adult/Child System of Care strategic plans.	ADHS/DBHS: -Systems of Care T/RBHAs	1. Ensure that all areas of service delivery, monitoring and planning are culturally competent. (A, B,C,E) 2. Continue to monitor the children's system of care for culturally competent services attuned to the cultural, racial, and ethnic background and identify of the child and family.(C,D,E)	1. Ongoing. 2. Ongoing.	A. Improved system outcomes as reflected in ASOC/CSOC goals. B. Adult System of Care Plan. C. Children's System of Care Plan. D. System of Care Practice Review (SOCPR) report/s. E. Summary updates to CCSC.	

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7D	Communications, Marketing and Outreach					
7D.1	Continue marketing efforts to educate members on physical health topics with a goal of reducing health disparities.	ADHS: -Public Health DBHS: -Communications -Marketing -Prevention T/RBHAs	<ol style="list-style-type: none"> 1. Conduct and support Quarterly Health Initiatives (QHI) to focus on information that reduces health disparities. (A,B,C) 2. Develop materials that are culturally and linguistically appropriate for Arizona members and medical providers for the implementation of screening and/or brief intervention in medical settings.(A,B,C) 3. T/RBHAs are expected to use materials in electronic and/or print form at their discretion. T/RBHAs are expected to encourage providers to place the member information in visible areas.(A,B,C) 	<ol style="list-style-type: none"> 1. Ongoing. 2. Ongoing. 3. Ongoing. 	<ol style="list-style-type: none"> A. QHI Materials are developed by ADHS/DBHS; additional materials developed by T/RBHAs/providers support the QHI topic of the quarter are welcomed, not required. B. Materials are posted online and available for all T/RBHAs, providers and the public. C. Summary updates to CCSC. 	
7D.2	Implement culturally inclusive marketing initiatives to raise mental health awareness and to reduce health disparities.	ADHS/DBHS: -Communications -Marketing -Prevention T/RBHAs	<ol style="list-style-type: none"> 1. Support and participate in key national observances to raise awareness of mental health including: Alcohol Awareness Month, Mental Health Month, Minority Mental Health Month, Recovery Month, and Mental Health Awareness Week. (A,B,C). 2. Develop population specific outreach to identified populations, to include Tribal populations.(A,B,C,E) 3. Conduct suicide prevention campaign about suicide prevention and availability of community supports including Teen Life Line (targeting teens) and the Q Line (targeting LGBTQ adults) (B,C,D) 4. Market utilization of screening and referral procedures to emergency departments, primary care providers , dentists and poison control, ensuring cultural relevance.(F) 	<ol style="list-style-type: none"> 1. Ongoing. 2. Ongoing. 3. Ongoing. 4. Ongoing. 	<ol style="list-style-type: none"> A. T/RBHA Outreach plans. B. Establish initiatives as applicable. C. Summary updates provided to CCSC. D. LGBTQ Advisory Committee: agenda and minutes. E. Annual Report on Substance Abuse: Treatment and Programs; prepare an analysis report. F. Summary of activities and medical providers using ADHS/DBHS recommended screenings and referral methods to CCSC. 	

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Cultural Competency Plan FY2011-2012
WORK PLAN: Initiatives

	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps (Letters reference measures column)	Completion Date	Measures (Attachments / Documentation)	Status Updates (Comments/Identified barriers)
7E	Data Collection and Report Production					
7E.1	Develop the Annual Diversity Report.	ADHS/DBHS: -Cultural Comp. - GMIS T/RBHAs	<ol style="list-style-type: none"> DBHS will continue to develop an annual report to provide information on diverse populations receiving services in Arizona's behavioral health system and highlight the importance of culture and social influences in providing effective care. (A) Develop baseline initiatives for the following year's Cultural Competency Plan.(B) 	<ol style="list-style-type: none"> Annually. Annually. 	<p>A. Data on diverse populations receiving services in the Arizona public behavioral health system.</p> <p>B. Identify, trend and provide recommendations in the reduction of health disparities within the behavioral health care system.</p>	
7E.2	Develop the Annual Analysis of Episode of Care/Penetration Report.	ADHS/DBHS: -Compliance Network Tribal Admin. -Cultural Comp. -GMIS -Marketing -Prevention -Training -Systems of Care -QM T/RBHAs	<ol style="list-style-type: none"> DBHS will analyze the Quarterly Diversity Episode of Care/Penetration Reports to identify areas of strengths, needs and gaps of effectiveness within special populations. (A,B, C,D) Identification/analysis of appropriate strategies and initiatives for the identified populations to improve the number of members accessing, engaging and retaining behavioral health services. (A,B,C,D) 	<ol style="list-style-type: none"> October 2011. October 2011. 	<p>A. Cultural Competency Steering Committee Agenda and Minutes.</p> <p>B. Develop report on collected information as applicable.</p> <p>C. Diversity Episode of Care/Penetration Quarterly Report.</p> <p>D. Summary updates to CCSC.</p>	
7E.3	Develop the Annual Effectiveness Review of the Cultural Competency Plan.	ADHS/DBHS: -Communications -Compliance -Cultural Comp. -GMIS -OHR -Marketing -Program Support -Policy	<ol style="list-style-type: none"> DBHS will work in collaboration with T/RBHAs to complete the DBHS Annual Effectiveness Review of the Cultural Competency Plan focusing on: data, outcomes for specific cultural groups, member satisfaction surveys, member complaints, grievances, provider feedback and contractor employee surveys. (All) 	<ol style="list-style-type: none"> August, 2012 and ongoing. 	<p>A. Annual Analysis of the Episode of Care/Penetration Report.</p> <p>B. Annual Diversity Report.</p> <p>C. Semi-Annual Language Services reports.</p> <p>D. Grievance System Report/ Notice of Action Reports.</p> <p>E. Performance Data Validation Reports.</p>	

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		-Prevention -System of Care -Training -QM T/RBHAs	2. T/RBHAs complete a T/RBHA Annual Effectiveness Review, template to be provided by DBHS as part of their Cultural Competency Plan submissions. (All)	2. August, 2012 and ongoing.	F. Prevention Reports. G. Training Reports. H. Translations Reports. I. Consumer/Member Satisfaction Survey. J. Summary updates to CCSC.	
7E.4	Analyze the Semi-Annual Language Services Report.	ADHS/DBHS: -Cultural Comp. -Finance -GMIS -QM T/RBHAs	1. Each T/RBHA will provide a report on Languages: Language Access Services, Sign-Language, Interpretive/Translation Services, and Traditional Healing Services. 2. ADHS/DBHS analyzes the Language Services Report and identifies language capacity initiatives and strategies toward improvement in linguistic needs for all populations.	1. Semi-Annually: January, 2012 July, 2012. 2. Semi-Annually and Ongoing.	A. Semi-Annual Language Services Report: template provided by ADHS/DBHS. B. Language Capacity Initiatives. C. Develop report on collected information as applicable.	
7E.5	Develop the Diversity Episode of Care/Penetration Quarterly Reports (Formerly Quarterly Diversity Enrollment/Penetration Report)	ADHS/DBHS: -Cultural Comp. -GMIS T/RBHAs	1. DBHS will provide a template to the T/RBHAs. Reports due to DBHS quarterly. (A) 2. T/RBHAs will use the data analysis provided to identify the existing culturally appropriate strategies/initiatives for the identified populations to improve the number of members accessing, engaging and retention of behavioral health services.(B)	1. Quarterly. 2. T/RBHA reports due:	A. ADHS/DBHS, Diversity Episode of Care/Penetration Report Quarterly Template: 09/30/2011, 12/30/2011, 03/30/2012, 06/30/2012. B. T/RBHAs quarterly analysis of the, Diversity Episode of Care/Penetration Reports: 10/29/2011, 01/28/2012, 04/29/2012, and 07/29/2012.	
7E.6	Analyze the Quarterly Rehabilitation Progress Reports for cultural need.	ADHS/DBHS: -Compliance Employment RBHAs	1. Identify initiatives related to employment based on data analysis. (A,B) 2. Present rehabilitation findings in statewide format to ADHS/DBHS and RBHAs. (A, C) 3. Individual service plan (ISP) will have 90% reflecting meaningful daily activities.(B,D)	1. Ongoing. 2. October, 2011. 3. Ongoing.	A. Quarterly IGA Core group meetings: January, April, July and October. B. RBHA Quarterly Rehabilitation Progress Reports: January, April, July, October. C. Annual Summary Report: October, 2011. D. ISP Annual Report	

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7F	Policies, Procedures and Regulations					
7F.1	Develop and maintain policies containing requirements for direct service providers. Requirements must address the following: A. Culturally Competent Language Services B. Respect for Diversity	ADHS/DBHS: -Cultural Comp. -Policy T/RBHAs	<ol style="list-style-type: none"> 1. Maintain a policy within the Provider Manual to establish requirements for providers within the public behavioral health system. (A) 2. Revise the Provider Manual section in accordance with the ADHS/DBHS policy revision schedule or more frequently, when necessary. (A) 	<ol style="list-style-type: none"> 1. 02/01/2011. 2. Every two years or more frequently, as needed. 	A. ADHS/DBHS and T/RBHA Provider Manual Section 3.23, Cultural Competence.	
7F.2	Develop and maintain policies containing requirements, including oversight responsibilities of ADHS/DBHS (MCO)* and T/RBHAs (PIHPs)	ADHS/DBHS: -Policy T/RBHAs	<ol style="list-style-type: none"> 1. Maintain a policy within the ADHS/DBHS Policy and Procedures Manual to establish requirements and oversight functions of ADHS/DBHS and T/RBHAs. (A) 2. Revise the Policy and Procedures Manual section in accordance with the ADHS/DBHS policy revision schedule or more frequently, when necessary. (A) <p>*Specific federal regulations apply to Medicaid Managed Care Organizations(MCOs) and Prepaid Inpatient Health Plans (PIHPs)</p>	<ol style="list-style-type: none"> 1. 12/01/2011. 2. Every two years or more frequently, as needed. 	A. ADHS/DBHS Policy and Procedures Manual CO 1.2, Cultural Competency.	
7F.3	Research National Standards/Federal Regulations and associated reports for development of policies and initiatives on language access services and culturally competent behavioral health care	ADHS/DBHS: -Cultural Comp. -Policy T/RBHAs	<ol style="list-style-type: none"> 1. Research national standards, reports, and changes in federal and state laws and conduct analysis of impact or applicability in Arizona's public behavioral health system. (A) 2. Develop/update relevant ADHS/DBHS policies, plans, and other Division Documents based on findings from research of national standards, reports, and changes in laws. (A,B) 	<ol style="list-style-type: none"> 1. Ongoing. 2. Ongoing. 	<p>A. Reports, issue papers, and/or presentations summarizing findings and recommendations.</p> <p>B. Revised policies, plans, or other Division Documents.</p>	

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			3. Present recommendations to the ADHS/DBHS Cultural Competency Committee for consideration of new initiatives based on findings from research of national standards, reports, and changes in laws.(A,B)	3. Ongoing.		
7F.4	Develop Spanish Translation/Interpretation Procedures for translation of ADHS/DBHS written materials and oral interpretive services at ADHS/DBHS	ADHS/DBHS: -Cultural Comp. -Policy	1. Development of Internal Spanish Translation/Interpretation Level II Internal Policy. (A,B,C,E) 2. Development of internal Spanish Translation/Interpretation desktop protocol. (A,B,C,E) 3. Develop request form for Spanish Translation/Interpretation Services within ADHS/DBHS. (A,B,C,D,E) 4. Perform all Spanish translations/revisions for member information materials in accordance with State and Federal mandates for provision of Limited English Proficiency services.(C,D,E) 5. Develop and maintain a database to register all the Spanish translations within ADHS/DBHS. (A,B,C,D,E,F)	1. May, 2012. 2. May, 2012. 3. May, 2012. 4. Ongoing. 5. June, 2012.	A. Spanish Translation/Interpretation Level II Internal Policy. B. Spanish Translation/Interpretation Desktop protocol. C. Spanish Translation/Interpretation Services Request Form. D. Provide and produce reports, as applicable. E. Summary updates to CCSC. F. Spanish Translation Report.	

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7F.5	Ensure that T/RBHAs abide by all local, state and federal housing laws.	ADHS/DBHS: -Compliance Housing T/RBHAs: -Contracted housing providers, landlords and property managers.	<ol style="list-style-type: none"> Through T/RBHA contracting, ADHS/DBHS requires T/RBHAs to abide by laws and protect tenants' receiving housing related services from discrimination in housing based on a person's race, color, creed, national origin, sex, religion, handicap and/or sexual preference. (A,B) T/RBHAs are to aggressively research/investigate discrimination complaints and seek remedies/resolutions if needed.(B,C,) Gather data on housing types and options stock for TRBHA adults to determine if units meet cultural and gender needs of tenants living in the units.(C,D) 	<ol style="list-style-type: none"> Ongoing. Ongoing. Ongoing: T/RBHA housing reports 	<ol style="list-style-type: none"> Federal Housing Laws: Title 8 of the 1964 Civil Rights Act, Fair Housing as amended, and 504 of the Section 504 of the Rehabilitation Act of 1973. Provide Fair Housing Trainings/sessions: Maintain a list of curriculums, trainings, and attendees. (Submitted upon request.) Analyze the trends in discrimination as needed to assure consistency in Fair Housing occurs. Develop reports on data as applicable. 	